

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	CA	64665	5-31-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	5/1/02
2	5/1/02
3	5/1/02
4	5/1/02
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Claim	Date
Final	
Original	
51	5/1/02
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99	5/1/02
100	5/1/02

Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
 staple additional sheet here

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